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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Application Number 10/728,041			Filing Date 03 December, 2003			To be Mailed		
					Applicant(s) DANISHEFSKY ET AL.					Page 1 of 1			
							* May be	used for addi	tional claims	or amendm	ents		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 10/14/2008		AFTER SEC. AMENDMENT		*			10/14/2008		*	
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Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Cla se process par approximents. connectmently is governed by 50 U.S.C. 122 and 37 CFR [1.14. This collection is estimated to take 12 minutes to complete, including guidering, preparing, and solutioning the complete daptication from to the UNFIVO. Time will your depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for roducing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.